

Bureau of Health Care Quality & Compliance

PRINTED: 10/13/2009
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS773HSNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2009
NAME OF PROVIDER OR SUPPLIER DESERT LANE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 660 DESERT LANE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 10/01/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00022933 was substantiated with deficiencies cited. (See Tags # Z242, Z430, Z460, Z470, and Z474) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiencies were identified:	Z 000	Z242 Administration of Drugs The facility will ensure that nursing staff administers prescribed medications according to physician orders. Resident # 1 has a medication administration record that is complete with no blanks. <ul style="list-style-type: none">• Random Sample Audits have been performed on resident population to assure that all medications have been administered or the reason they were not is documented on the MAR.• Additional Daily Audits are occurring at shift change from Nurse to nurse to help ensure documentation compliance on all residents• Staff have been re-educated on the importance of filling in on each medication given and documented.• Results of audits will be tracked and trended at monthly PI committee to help ensure compliance	
Z242 SS=D	NAC 449.74471 Administration of Drugs 3. A facility for skilled nursing shall ensure that patients are not subjected to significant errors in their medication and that the rate of error in the administration of medication is less than 5 percent. This Regulation is not met as evidenced by: Based on interview, record review and document	Z242		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

885K11

RECEIVED

If continuation sheet 1 of

OCT 26 2009

BUREAU OF LICENSURE
AND REGULATION
NEVADA

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS773HSNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2009
NAME OF PROVIDER OR SUPPLIER DESERT LANE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 660 DESERT LANE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z242	Continued From page 1 review the facility failed to ensure nursing staff administered prescribed medications according to physician's orders for one resident. (Resident #1) Severity: 2 Scope: 1	Z242	Responsible Party: Director of Nursing Completion Date: October 23, 2009	
Z430 SS=D	NAC 449.74531 Pharmaceutical Services 1. A facility for skilled nursing shall provide such pharmaceutical services, including, without limitation acquiring, receiving, dispensing and administering drugs and biologicals, as are required to meet the needs of the patients in the facility. The facility shall provide such drugs and biologicals as are needed or obtain them from qualified outside sources pursuant to NAC 449.74521. This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to ensure a resident was administered prescribed medication necessary to meet the medical needs of the resident. (Resident #1) Severity: 2 Scope: 1	Z430	Z430 Pharmaceutical Services The facility shall ensure that our residents are administered prescribed medication necessary to meet the needs of the patient. Resident # 1 has a medication administration record that is complete with no blanks. <ul style="list-style-type: none"> Random Sample Audits have been performed on resident population to assure that all medications have been administered or the reason they were not is documented on the MAR. Additional Daily Audits are occurring at shift change from Nurse to nurse to help ensure documentation compliance on all residents Staff have been re-educated on the importance of filling in on 	
Z460 SS=D	NAC 449.74537 Special Services A Facility for skilled nursing shall ensure that a patient in the facility receives the following special services if needed: 1. Injections. 2. Parenteral and enteral fluids. 3. Colostomy, ureterostomy and ileostomy care. 4. Tracheostomy care. 5. Tracheal suctioning. 6. Respiratory care. 7. Foot care.	Z460		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

885K11

If continuation sheet 2 of

Das

RECEIVED

OCT 26 2009

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS773HSNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/01/2009
NAME OF PROVIDER OR SUPPLIER DESERT LANE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 660 DESERT LANE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
Z460	Continued From page 2 8. Prostheses. This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to ensure a resident received enteral tube feedings according to physician orders. (Resident #1) Severity: 2 Scope: 1	Z460	each medication given and documented. <ul style="list-style-type: none">Results of audits will be tracked and trended at monthly PI committee to help ensure compliance		
Z470 SS=F	NAC 449.74539 Physical Environment 1. Provide a safe, functional, sanitary and comfortable environment for the patients in the facility, the members of its staff and members of the general public. This Regulation is not met as evidenced by: Based on observation, interview and document review the facility failed to ensure resident rooms, bathrooms and shower rooms were maintained in a sanitary condition and free from offensive odors and an accumulation of dirt, dust, rubbish and trash. Severity: 2 Scope: 3	Z470	Responsible Party: Director of Nursing Completion Date: October 23, 2009 Z460 Special Services The facility shall ensure that all residents receive the appropriate enteral tube feedings according to physician orders.		
Z474 SS=F	NAC 449.74539 Physical Environment 5. Provide such housekeeping and maintenance services as are necessary to maintain a sanitary, orderly and comfortable environment; This Regulation is not met as evidenced by: Based on observation, interview and document review the facility failed to provide adequate housekeeping services necessary to maintain a sanitary comfortable environment and prevent an accumulation of dirt, dust, rubbish and trash in resident rooms, bathrooms and shower rooms. Severity: 2 Scope: 3	Z474	Resident # 1 has a medication administration record that is complete with no blanks. <ul style="list-style-type: none">Random Sample Audits have been performed on resident population to assure that all medications/enteral tube feedings have been administered or the reason they		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

885K11

If continuation sheet 3 of

Di H

RECEIVED

OCT 26 2009

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS773HSNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/01/2009
NAME OF PROVIDER OR SUPPLIER DESERT LANE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 660 DESERT LANE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
			<p>were not is documented on the MAR.</p> <ul style="list-style-type: none"> • Additional Daily Audits are occurring at shift change from Nurse to nurse to help ensure documentation compliance on all residents • Staff have been re-educated on the importance of filling in on each medication given and documented. • Results of audits will be tracked and trended at monthly PI committee to help ensure compliance <p>Responsible Party: Director of Nursing</p> <p>Completion Date: October 23, 2009</p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies

STATE FORM

6899

885K11

If continuation sheet 4 of

RECEIVED

OCT 26 2009

BUREAU OF LICENSURE
AND CERTIFICATION
LAS VEGAS, NEVADA

Dank

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS773HSNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/01/2009
NAME OF PROVIDER OR SUPPLIER DESERT LANE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 660 DESERT LANE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
			<p>Z470 Physical Environment</p> <p>The facility shall ensure that resident rooms, bathrooms, and shower rooms are maintained in a sanitary condition and free from offensive odors and accumulation of dirt, dust, rubbish, and trash.</p>		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

885K11

If continuation sheet 4 of 4

Duf

RECEIVED

OCT 26 2009

BUREAU OF LICENSURE
AND CERTIFICATION

Inservice shall be conducted for all applicable housekeeping staff on daily room and bathroom cleaning procedures as well as on the monthly deep clean procedure, and housekeeping job routines.

A 100% resident room, bathrooms and shower rooms audit shall be conducted and identified areas of concerned shall be addressed at that time;

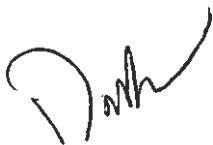
Daily random room inspections shall be conducted for each housekeeper. These random room inspections are compiled and used for quality improvement activities to ensure facility room cleanliness.

Responsible Party: Housekeeping Supervisor

Date of completion:
November 1, 2009

Z474 Physical Environment

The facility shall ensure that



RECEIVED

OCT 26 2009

BUREAU OF LICENSURE
AND CERTIFICATION
LAS VEGAS, NEVADA

adequate housekeeping services necessary to maintain a sanitary comfortable environment is provided.

Inservice shall be conducted for all applicable housekeeping staff on daily room and bathroom cleaning procedures as well as on the monthly deep clean procedure, and housekeeping job routines.

A 100% resident room, bathrooms and shower rooms audit shall be conducted and identified areas of concerned shall be addressed at that time;

Daily random room inspections shall be conducted for each housekeeper. These random room inspections are compiled and used for quality improvement activities to ensure facility room cleanliness.

Responsible Party: Housekeeping Supervisor

Date of completion:
November 1, 2009



RECEIVED
OCT 26 2009
BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA